

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

Facility Identification Number
35455

SECTION I

A. Name of Licensee or Permittee KPAX TV KPAX COMMUNICATIONS, INC. 2204 REGENT ST MISSOULA, MT 59801	B. Address 2204 REGENT ST P.O. BOX 4827 MISSOULA, MT 59806
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SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION	HEADQUARTER
AM <input type="checkbox"/> AM	TV <input checked="" type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>
FM <input type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV	
AF <input type="checkbox"/> Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/>		

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
KPAX TV	2204 REGENT ST, MISSOULA, MT	
K18AJ TV	575 SUNSET BLVD., STE 202, KALISPELL, MT	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)

8/14/99 - 8/27/99

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed

ROBERT J. HERMES

Title

PRESIDENT/GENERAL MANAGER

Print Name

Date

10/19/99

Telephone

406 542-4400

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	8	6					2				
PROFESSIONALS	17	10	1				6				
TECHNICIANS	6	6									
SALES WORKERS	8	6					2				
OFFICE & CLERICAL	3						3				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	42										

A. PART-TIME PAID EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	8	5					3				
LABORERS (UNSKILLED)											
SERVICE WORKERS	1	1									
TOTAL	10										